

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

HIV Counseling and Testing/  
Notification Assistance Program

**STATUTORY AUTHORITY: (Federal)**

Sec 301 (A) 317 PHS Act as Amended

**GRANT PROGRAM NO. 04-12-AIDS****TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and  
Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide HIV counseling and testing and partner notification services at free-standing alternative counseling and testing sites to include health centers, hospitals, local health departments, drug treatment centers, sexually transmitted disease clinics, tuberculosis clinics, family planning programs, prenatal clinics, and community-based health agencies.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grants range from \$20,000 to \$425,000. Awards begin on or about January 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards will be made based on satisfactory progress and evaluation, and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private and public non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability to provide specialized health care services, and to access populations impacted by HIV/AIDS. Experience with a variety of community-based health agencies in delivering services to patients in need. Direct patient care providers must be certified as HIV Counselors, or eligible for such a certification.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) may be released to eligible entities, including those who submitted concept papers.

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**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit  
Division of AIDS Prevention and Control  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED AND DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by Grant. Information may be included in formal RFA document three (3) months prior to the funding period. Concept papers will be accepted throughout the year.

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